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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Retros et al.

Docket No.

YOR920000502US1

Serial No.
09/730,224Filing Date
December 5, 2000Examiner
Sam RimellGroup Art Unit
2175Invention: METHOD, SYSTEM AND PROGRAM PRODUCT FOR ENABLING AUTHORIZED ACCESS AND
REQUEST INITIATED TRANSLATION OF DATA FILES

OFFICIAL

I hereby certify that this Amendment Transmittal, RCE Amendment
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)on May 3, 2004
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Jane M. Theberge

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. YOR920000502US1		
Applicant(s): Betros et al.					
Serial No. 09/730,224	Filing Date December 5, 2000	Examiner Sam Rimell	Group Art Unit 2175		
Invention: METHOD, SYSTEM AND PROGRAM PRODUCT FOR ENABLING AUTHORIZED ACCESS AND REQUEST INITIATED TRANSLATION DATA FILES					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	45	45	0	x \$18.00	\$0.00
INDEP. CLAIMS	3	3	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ <i>Marisa J. Dubue</i> Signature			Dated: May 3, 2004		
Marisa J. Dubue Registration Number 46, 673 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929 (860) 286-0115 (FAX) Customer Service No. 23413					
<div style="border: 1px solid black; padding: 5px; min-height: 100px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. <div style="text-align: center;">_____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence</div></div>					
CC:					